OP

THE ADJUSTMENT OF BLIND REHABILITANTS IN GEORGIA AND FLORIDA AS INFLUENCED BY THE AGE OF ONSET AND...

James Wayne Mann, 1965

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THE ADJUSTMENT OF BLIND REHABILITANTS IN GEORGIA AND FLORIDA AS INFLUENCED BY THE AGE OF ONSET AND DEGREE OF VISUAL LOSS

By

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B.S., Memphis State University, 1955

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Submitted to the Graduate Faculty in the School
of Education in partial fulfillment of the
requirements for the degree of
Doctor of Education

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FOREWORD

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I. INTRODUCTION

A. General

Blindness among people in the country has been a growing problem of national concern for a number of years. Statistical data related to the prevalence of blindness reflect the size and extent of this problem. The most comprehensive source of statistics on blindness today is found in the registers of state agencies for the blind. The most widely used current estimates of blindness were derived from the register of the North Carolina Commission for the Blind. Hurlin (1960) gathered these statistics from the North Carolina register and through extrapolation arrived at an estimate of approximately two blind persons per thousand in the country-at-large.

Applying Hurlin's rate to the present U. S. population gives an estimated blindness prevalence of nearly 400,000. This very large number of disabled individuals, coupled with the lengthening life expectancy which is greatly increasing the number of blind persons, and our exploding population, require a greater expansion and improvement of services to this group of our citizens. The American Foundation for the Blind (1960, p. 35) succinctly outlined the extent of the problem when it reported.

> It is presently estimated that there are approximately 355,000 blind persons in the United States of which number approximately 90,000 can profit from vocational rehabilitation services. In addition, approximately 30,000 persons lose their sight each year, an undetermined percentage of which, at least 2,000, are added to the annual national case load. In our opinion, the nation's resources for meeting the staggering backlog plus the annual increment of eligible clients are grossly inadequate.

Many public and private agencies have been involved with providing services for the nation's visually disabled citizens. Included in these are public and private schools, welfare agencies, rehabilitation centers, and rehabilitation agencies. Such agencies have been concerned to varying degrees with the facilitation of the attainment of employment. Many recognized leaders in these programs have voiced a need for investigating specific factors within the visually disabled population that may influence their subsequent vocational adjustment.

Carroll (1961, p. 181) reported that "there is no doubt there is a real and qualitative difference between one kind of blindness--its meaning, its effects, and the way in which they should be dealt with. . . ." He suggested that the primary determinant in the provision of rehabilitation services should be based on the vital distinction of whether the individual is congenitally or adventitiously blinded. He stressed the need for research to explore this distinction. Lowenfeld (1955) also suggested that additional study needs to be undertaken on this important matter.

Von Senden's (1960) experimental studies on space perception in persons born blind who have regained their sight through operations is in agreement with this distinction. Axelrod (1959) and Rubin (1964) reported that differences in performance varied with the age of visual loss for both children and adults, thus further supporting this position. Hebb (1949) and Forgus (1954), in studies with animals, also found that the age of visual loss related to subsequent performance.

Different types of rehabilitation programs have been proposed on the basis of the degree of vision loss. Carroll (1961) stated that programs for the partially sighted must be completely distinct and separate from those for blind persons. The American Foundation for the Blind (1964) reported that blindness as defined by law appears to be arbitrary and suggested that it includes some persons who appear to function as well as "normally" sighted persons and may exclude others who are

severely limited in physical mobility and activity because of their visual loss.

Legal blindness refers to any visual condition between Snellen acuity of 20/200 and total blindness; or where the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than twenty degrees. This definition includes a very heterogeneous group in regard to remaining vision. Bauman (1958) found that the degree of vision among legally blind persons markedly influences their test performance.

It may be assumed that residual vision constitutes an influence that the worker will bring to the job situation which may appreciably alter his subsequent adjustment. Scant attention has been paid by researchers as to the effect that the degree and age of onset of visual loss may have on adjustment. These factors may well be responsible for inefficiency in program services and ambiguity in research findings.

It is felt that an investigation is needed to study the relationship of these factors on the adjustment of blind persons who have been rehabilitated through state-federal rehabilitation programs. It is anticipated that the results of this study would be significant to all persons who serve the blind, but especially to rehabilitation personnel in agencies for the blind who have the primary responsibility for the vocational counseling and guidance of blind persons.

B. State-Federal Rehabilitation Program

The state-federal rehabilitation program was established to provice vocationally enabling services to physically or mentally handicapped persons. The program is administered directly by the various states, with the federal government (Vocational Rehabilitation Administration, U. S. Department of Health, Education, and Welfare) participating by providing

not only the major portion of the cost of the program, but also cooperative supervision. The present state-federal vocational rehabilitation program is provided for under the provision of Public Law 83-565. To accomplish its purpose, the law includes a varied program of services available to any vocationally handicapped person found to be eligible. Among the services offered are:

1. Diagnostic and related services.
2. Guidance and counseling services.
3. Physical restoration services, including prosthetic devices.
4. Training services, including training materials and books.
5. Maintenance and transporting services.
6. Services for the establishment of small business enterprises, such as the provision of tools, equipment, initial stock, and occupational licenses.
7. Placement and follow-up services.

To be eligible for such services, a person is required to meet the following basic conditions: (1) a physical or mental disability and the resulting functional limitation or limitations in activities, (2) a substantial handicap to employment caused by the limitation resulting from such a disability, (3) a reasonable expectation that vocational rehabilitation services may render the person fit to engage in remunerative employment.

In addition to these basic eligibility requirements, certain vocational rehabilitation services, such as guidance and counseling, diagnostic services, and placement are available regardless of the financial assets of the blind individual. Other services, such as physical restoration, tools, and equipment are based on financial need. It is estimated that approximately 4,500 blind persons are being rehabilitated annually as a result of this law.

The Randolph-Sheppard Act of 1936, amended in 1954, and administered through the Vocational Rehabilitation Administration,

authorizes the operation of vending stands by blind persons in federal and other buildings. Federal funds are available for a major part of the necessary expenditures for the acquisition of vending stands and other equipment to be controlled by the state agency for the blind. The programs are administered according to state plans subject to the approval of the Vocational Rehabilitation Administration of the Department of Health, Education, and Welfare.

It is apparent that the ultimate goal of rehabilitation as conceived under Public Law 83-565 and the Randolph-Sheppard Act is to enable the handicapped persons to engage in suitable employment. Consequently, success of the state-federal rehabilitation program lies in the subsequent vocational adjustment of the persons it serves.

II. REVIEW OF LITERATURE

A. Survey Studies on Vocational Rehabilitation

Many public and private agencies, either directly or indirectly, are involved in vocational rehabilitation; that is, they are concerned with the provision of services designed to restore the handicapped to employability and self-sustenance. The study of handicapped persons who had completed such services has been the topic of several survey studies. Many of these were conducted by public rehabilitation agencies as a means of evaluating their programs, securing data for public information, or meeting the legal requirements for reporting and accounting.

The Department of Health, Education, and Welfare, for example, issues annual reports which give statistical data regarding the status of clients upon completion of services through the federal-state rehabilitation program. In 1962, the report revealed that over 100,000 handicapped persons were rehabilitated at a cost of approximately $100,000,000. These persons were placed in jobs of most major occupational groups.

These annual reports also present information regarding the number of referrals, the number of cases, and the size of the federal grant for each participating state rehabilitation agency. The reports further reflect the increasing interest and participation of the federal government and various state agencies in programs of services to handicapped persons. This is revealed by a comparison of the 1954 and the 1962 annual reports. In 1954, there were 55,825 rehabilitated at a cost of approximately $35,000,000. In 1962, there were over 100,000 rehabilitated with an expenditure of approximately $100,000,000.

Most of the state agencies have prepared statistical reports similar to those prepared by the Department of Health, Education, and

Welfare. The immediate success of the state-federal program in returning handicapped persons to employment is illustrated quite vividly by such reports.

In addition to such findings, some data are available on the results of follow-up studies of handicapped individuals other than the blind. For example, Komisar, Leonhardt, and Weitz (1950) reported a study of 350 patients discharged as rehabilitated from Hartford Rehabilitation Center, Hartford, Connecticut. In 85 cases, there were definite indications of employability. Of these cases, 59 per cent were considered to have been aided in achieving a vocational objective. The remaining 41 per cent did not gain in employability. It was concluded that the follow-up study demonstrated that many patients were able to retain the benefits they had achieved as the result of rehabilitation treatment.

Another study is that of Gelfand (1953) which was concerned with an investigation of factors related to the vocational adjustment of cardiac patients. This detailed follow-up study was conducted on 117 cardiac cases by the Cardiac Work Classification Unit of the Heart Association of Southeastern Pennsylvania. Successful vocational adjustment was defined as "a return to work without aggravation of the cardiac condition." It was found that the vocationally unsuccessful group was composed primarily of individuals with passive-dependent personality structures and associated defenses; and the vocationally successful group was composed of predominantly obsessive-compulsive personalities. The results thus suggest a relationship between emotional status and vocational adjustment.

B. Studies of the Vocational Adjustment of the Blind

After a perusal of the available literature in the area of the blind, it was concluded that only a few studies could be described as relevant

to the present one. Kaufman (1956) supplied a pertinent study. His purpose was to appraise the personal-social, educational, and vocational adjustment of blind veterans. Specifically, he investigated the differences in adjustment of blind veterans who participated in the Veterans Administration's vocational rehabilitation program, and those who did not. Among other findings, Kaufman reported that veterans who did not participate in this program were better adjusted vocationally. His subjects were restricted to small segments of blinded veterans residing in a limited geographical area. Further, his sample of blind persons by reason of age, general health, agency services received, conditions under which blindness occurred, and general vocational feasibility, would be considered probably dissimilar to the population of blind persons served by local and state agencies.

MacFarland (1956) attempted to compare the work efficiency of totally blind and sighted persons. His subjects included thirty-eight blind workers in a five-state area who were in direct competition with sighted workers. He concluded that this small number of blind subjects were as well adjusted and efficient as their sighted peers. He reported, however, that the workers "had ample experience to enable them to compete on the highest level of their capabilities." These totally blind workers on the basis of preselective factors were, to begin with, a vocationally well-adjusted group of blind persons.

Rusalem's (1959) studies of the adjustment of deaf-blind adults give some useful information on this particular type of disability. He enumerated the characteristics of deaf-blind persons at the Industrial Home for the Blind (New York City) and presented data on work adjustment as revealed by personal observation and objective materials. He also obtained equivalent information on twelve subjects who worked outside the Industrial Home for the Blind. Rusalem clearly demonstrated the employability and work efficiency of deaf-blind persons in a sheltered workshop. He recommended that further research be carried forward to

determine if deaf-blind persons can be placed feasibly in competitive employment in industry.

Tiffin (1960) investigated the vocational success of the legally blind by correlating certain psychological tests with the following criteria: job hierarchy, supervisory ratings, salary, and type of employment (outside employed, shop employed, and unemployed blind persons). He reported that several tests did differentiate between groups with respect to various criteria of job success. It was found that the verbal scale of the Wechsler Adult Intelligence Scale was the most valid single test in differentiating between groups with respect to the criteria of job success which he used. However, the Vocational Intelligence Scale for the Adult Blind (a series of four geometric patterns in raised form), and the Tactual Reproduction Pegboard were found to be more valid in industrial settings where manual and non-verbal tasks predominate.

Tiffin's (1960) subjects were selected on the basis of age (20-50), legal blindness, and absence of other disbailities. The subjects may or may not have had vocational rehabilitation services, and no attempt was made to gather a sample representative of the blind population. Also, the upper age limit of 50 excluded more than half of the total blind population. Considering such factors, it seems there is little likelihood that this sample was representative of those individuals receiving state-federal vocational rehabilitation services.

Reid (1960, p. 78) investigated the factors affecting vocational rehabilitation of the blind. The data were obtained from reading the case records of forty-five clients. After presenting numerous tables, the author summarized her findings as follows:

> Because of a relatively small sample, and the fact that it was drawn at random rather than specifically selected for success and failure, the value of this study for statistical purposes is limited except as it is confirmed by the results of more extensive studies.

McPhee (1963) conducted a study concerned with the adjustment of vocational rehabilitation clients in Utah, Montana, and Wyoming. He

selected a sample of persons who had different types of handicaps and who were either rehabilitated or did not complete services during the period of July 1, 1949 to June 30, 1954. Among his findings, the author reported that the fully employed were younger and better educated; 64 per cent of the fully employed rehabilitants had worked for the same employer; health was found to be a factor in the unemployment of the rehabilitants; and the visually impaired had a much lower divorce rate than rehabilitants with other types of disabilities.

McPhee's (1963) study is the only follow-up investigation located of persons with visual disabilities who had been rehabilitated through state-federal rehabilitation programs. However, the category "visual defects" was used and included a gamut of persons who had visual problems, with no attempt to further delimit this group. The data were given in terms of percentages only, without statistical tests of significance reported. Further, the clients were rehabilitated prior to the passage of Public Law 83-565, and offered no information concerning the relationship of the degree or age of onset of visual loss and subsequent vocational adjustment.

III. THE PROBLEM AND METHOD OF INVESTIGATION

A. Purpose of the Study

The purpose of this study was to investigate the relationship between the age of onset of visual loss, the degree of remaining vision, and selected aspects of adjustment of blind rehabilitants subsequent to their rehabilitation. It was concerned with those blind persons who had received services from the Florida Council for the Blind and the Georgia Division of Vocational Rehabilitation and who were rehabilitated during the 1961-1962 fiscal year. Specifically, this study attempted to:

1. Ascertain and analyze information concerning eight selected aspects of adjustment of a sample of these blind rehabilitants; and
2. Determine the relationship between the age of onset of visual loss, the degree of visual loss, and these eight selected aspects of adjustment.

The eight aspects of adjustment selected for this investigation were: (1) employment history subsequent to rehabilitation, (2) earning power subsequent to rehabilitation, (3) attitude toward rehabilitation, (4) present job satisfaction, (5) need for further rehabilitation services, (6) communication, (7) visual efficiency, and (8) mobility.

B. Basic Hypotheses

This study grew out of the investigator's five years of experience as school psychologist at the Tennessee School for the Blind, and

rehabilitation psychologist for the Tennessee Services for the Blind. The question of what effect the age of onset of visual loss has on the adjustment of blind persons is a concern among workers for the blind. A matter of equal concern has been the lack of knowledge of the relationship of the degree of visual loss and the subsequent adjustment of blind persons.

Out of this experience grew the following hypotheses:

1. It was hypothesized that there is a positive relationship between the age of onset of visual loss, and the selected aspects of adjustment.
2. It was hypothesized that there is a positive relationship between the degree of visual loss, and the selected aspects of adjustment.

C. Definition of Terms

The following terms are defined as used in this research:

1. Closure: The process of declaring a client rehabilitated after he has received rehabilitation services and has been satisfactorily employed.

2. Florida and Georgia Rehabilitation Agencies: The rehabilitation agencies in Florida (Florida Council for the Blind) and Georgia (Georgia Division of Vocational Rehabilitation) respectively, operating under the provisions of Public Law 565, 83rd Congress, 2nd Session, 1954, and who are authorized to render rehabilitation services to blind persons.

3. Rehabilitation services: Those services provided by the Florida (Florida Council for the Blind) and Georgia (Georgia Division of Vocational Rehabilitation) rehabilitation agencies for the purpose of rendering vocationally handicapped persons employable.

4. Job satisfaction: The degree to which a rehabilitant likes or is satisfied with his job, as verbalized to an interviewer.

5. Rehabilitant: The rehabilitant is a blind person who has successfully completed a program of rehabilitation services and who was employed when his case was closed.

6. Housewives: Those persons who provided housekeeping services for self or another person or persons, such as a husband, a husband and children, or children.

7. The Snellen Chart: The Snellen Chart is a chart for testing of central visual acuity, in which the letters or symbols are drawn to the Snellen Scale of measurements, in such a way that the uppermost letter is designed to be read by the normal eye at 200 feet; rows of letters follow which should be read at 100, 70, 50, 30, 20, 15, and 10 feet respectively.

8. Totally blind: The totally blind include rehabilitants who have visual acuity not exceeding light perception. Light perception refers to a visual condition characterized by the ability to perceive only a light source and possibly to identify the direction from which it comes.

9. High vision blind: The high vision blind include rehabilitants with Snellen visual acuities from 20/200 through 20/400. The visual loss of these persons ranges from 80 to 97 per cent.

10. Low vision blind: The low vision blind include rehabilitants with visual loss between 20/400 and object perception. Percentage loss of these individuals ranges from 97 through 99 per cent and the visual loss is too extensive for conventional Snellen measurements to be determined.

11. Legally blind: The legally blind include central visual acuity of 20/200 or less in the better eye after correction; or visual acuity of more than 20/200 if there is a field defect in which the widest diameter of the visual field subtends an angle distance no greater than 20 degrees.

12. Attitudes toward rehabilitation: The degree of satisfaction expressed by the rehabilitant with his rehabilitation program.

13. Visual efficiency: The rehabilitant's reported functioning of his remaining vision at the time of interview. In this study, the term useful vision is used as one aspect of visual efficiency.

D. Selection of Sample

The population from which the sample was selected consisted of all persons who were rehabilitated through the Florida Council for the Blind and the Georgia Division of Vocational Rehabilitation during the 1961-1962 fiscal year and who were legally blind at closure.

The Florida Counsel for the Blind and the Georgia Division of Vocational Rehabilitation were selected because of the large number of persons (643) rehabilitated by these two state agencies during this period. This number of rehabilitants was necessarily large in order to obtain sufficient representation in each age of onset and degree of vision category.

The 1961-62 fiscal year was selected in order that a minimum of three and one-half years elapse from the time the rehabilitant's case was closed until he was interviewed. It was presumed that a minimum of three and one-half years would be sufficient time for the blind rehabilitant to become adjusted in his community.

The rationale for limiting the population to rehabilitants who were blind at closure was based on the fact that some rehabilitants who were blind when accepted for rehabilitation services may gain normal vision through eye surgery. Of the 643 visually handicapped persons rehabilitated by these two agencies, 235 rehabilitants were found to be legally blind at closure and were included in the population for this study.

The 235 rehabilitants were divided into the following categories based on visual loss: the totally blind, the low vision blind, and the high vision blind. The totally blind included rehabilitants who had visual acuity not exceeding light perception. The rationale for this category is that it includes only rehabilitants who have no vocationally useful vision. The low vision blind include rehabilitants who usually have visual loss too severe to be recorded in terms of conventional Snellen measurements. Such rehabilitants are often categorized by such descriptive notations as "counts fingers" and "hand movements." The high vision blind typically include rehabilitants with visual acuity measurements recorded in conventional Snellen measurements.

The 235 rehabilitants were also divided on the basis of the age of onset of visual loss into three categories: birth, 0-44, and 45 and above. The rationale for these categories was based on several factors. From approximately the age of 45 and above, the age variable itself may directly influence vocational adjustment. Also, incidence of blindness rises rapidly at this age. Those rehabilitants whose visual loss was of a congenital nature include another distinct group.

The sample interviewed was comprised of 64 blind persons selected from the population of 235 rehabilitants. These 64 blind rehabilitants had varying degrees of visual loss and also differed in the age of onset of visual loss. Of 16 of these rehabilitants whose visual loss was present at birth, five were totally blind, six were in the low vision group, and five were in the high vision group. For 31 rehabilitants whose age of onset was between 0-44 years, 13 were totally blind, five were in the low vision category, and another 13 were in the high vision category. For the 17 rehabilitants whose age of onset of visual loss was 45 years or above, six were totally blind, five were in the low vision group, and six were in the high vision group.

E. Procedures

The data for this study were secured from two major sources. First information on selected factors pertaining directly to the vocational rehabilitation of each member of the population was obtained from the case records in the state offices, and the various district offices of the state agencies of Georgia and Florida. The criteria for the selection and inclusion of the factors were the availability of this information in the case records for all rehabilitants; and the pertinence of this information to the study, e.g., the age of onset and degree of visual loss, cost of rehabilitation services, and work history. A case record questionnaire, Rehabilitation Study Form I (see Appendix A), was developed specifically for this study.

Second, a follow-up interview questionnaire, Rehabilitation Study Form II (see Appendix F), was designed to secure post-rehabilitation information directly from the rehavilitants who comprised the sample to be interviewed. Questions included in the interview questionnaire were selected on the basis of their adequacy in sampling the areas relevant to the vocational adjustment of blind rehabilitants, e.g., employment history subsequent to rehabilitation, mobility, skill in communication, visual efficiency, earning power subsequent to rehabilitation, present job satisfaction, attitude toward rehabilitation services, and need for further rehabilitation services.

The rehabilitants included in the population were stratified first on the basis of the degree of visual loss and were subsequently stratified on the basis of age of onset of visual loss. The sample of rehabilitants who were interviewed was selected from each of the age of onset and degree of vision categories by the use of the table of random numbers. Initially, an equal number of rehabilitants were selected for interview from each of these categories.

Letters were sent to the sample of rehabilitants selected for the interview from the State Office of the Florida Council for the Blind and

the Georgia Division of Vocational Rehabilitation. (See Appendix B.) An appointment by telephone, if possible, was arranged with each member of the sample. Where it was impossible to reach a member of the sample by telephone, it was necessary to visit him in order to arrange for a subsequent visit to administer Rehabilitation Study Form II (See Appendices C through F).

The data obtained from both the case records and the interview were coded and placed on data processing cards for automatic computation.

F. Delimitations of the Study

The population of this study consisted of all persons who received vocational rehabilitation services through the Florida Council for the Blind and the Georgia Division of Vocational Rehabilitation, and who were declared rehabilitated during the fiscal year beginning July 1, 1961 and ending June 30, 1962. Further, only those persons who were legally blind at closure were included in the population. The population was also delimited to those rehabilitants whose age of onset and degree of visual loss were recorded in the case records.

IV. RESULTS

A. Description of the Sample

1. The Selection

The population of this study consisted of all persons who received vocational rehabilitation services through the Florida Council for the Blind and the Georgia Division of Vocational Rehabilitation and who were declared rehabilitated during the fiscal year beginning July 1, 1961 and ending June 30, 1962. Further, only those persons who were legally blind at closure were included in the population.

During this period, 643 persons were rehabilitated by the Georgia Division of Vocational Rehabilitation and the Florida Council for the Blind. Of this number 235 were found to be legally blind at closure and thus constituted the population for this study. The degree of remaining vision and the age of onset of the visual loss were secured from the case records.

The 235 rehabilitants were stratified into three groups based on the degree of remaining vision: the totally blind, the low vision blind, and the high vision blind.

The groups that were stratified on the basis of the degree of visual loss were further separated into three categories on the basis of the age of onset of visual loss: birth, 0-44, and 45 and above. The number of rehabilitants according to age of onset and degree of vision is found in Table 1.

Of the 87 rehabilitants whose visual loss was present at birth, 24 were totally blind, 27 were in the low vision group, and 36 were in the high vision group. The 99 rehabilitants whose age of onset of visual loss was between 0-44 years were found to be divided as follows: 37 were totally blind, 41 were in the low vision category, and 21 were in

TABLE 1

THE AGE OF ONSET AND DEGREE OF VISUAL LOSS OF THE POPULATION

	Vision Loss			
Age of Onset	Total	Low	High	Total
Birth	24	27	36	87
0-44	37	41	21	99
45 +	11	20	18	49
Total	72	88	75	235

the high vision group. Of the 49 rehabilitants whose age of visual loss was 45 years or above, 11 were totally blind, 20 were in the low vision group, and 18 were in the high vision group.

The sample of rehabilitants interviewed was selected in the following manner. Each rehabilitant within a category was assigned an equal digit number, e.g., 01, 02, 03. The table of random numbers was used to select the subjects to be interviewed from each of the age of onset and degree of vision categories.

The information requested on Rehabilitation Study Form I (see Appendix A) was secured from the records of the Florida Council for the Blind and the Georgia Division of Vocational Rehabilitation. Letters were sent to all rehabilitants selected in the sample in October, 1964. In cases where the letters were returned by postal authorities an effort was made to find these people through public agencies, by use of telephone and city directories, and blindness registers.

Of the 90 rehabilitants selected to be interviewed, 18 were never located and two refused to cooperate as revealed in Table 2. It was further revealed that four were deceased, one denied receiving any services, and one had regained sufficient vision not to meet the criteria

for inclusion. Sixty-four of the rehabilitants were interviewed and included in the sample under investigation.

The sample interviewed was comprised of 64 rehabilitated blind persons who had varying degrees of visual loss and who differed in the age of onset of visual loss. An understanding of certain characteristics of the sample and of certain factors related to the rehabilitation of these persons seems appropriate at this time.

TABLE 2

REASONS FOR NOT INTERVIEWING SAMPLE OF REHABILITANTS

	Frequency	Per Cent
Rehabilitants who refused to cooperate	2	2
Rehabilitants not located	18	20
Rehabilitants deceased	4	5
Rehabilitants who denied receiving services	1	1
*Rehabilitants who were not blind at time of interview	1	1
Total	26	29

*This rehabilitant was blind at closure but later regained his sight. Ophthalmological data reported hysteria as the cause of blindness.

2. Age of Onset and Degree of Visual Loss

An analysis of Table 3 reveals the number of rehabilitants interviewed according to the age of onset and degree of visual loss. Of those 16 rehabilitants whose visual loss was present at birth, five were totally blind, six were in the low vision group, and five were in the high vision

group. Of the 31 rehabilitants whose age of onset was between 0-44 years, thirteen were totally blind, five were in the low vision category, and another 13 were in the high vision category. Of the 17 rehabilitants whose age of visual loss was 45 years or above, six were totally blind, five were in the low vision group, and six were in the high vision group.

TABLE 3

THE AGE OF ONSET AND DEGREE OF VISUAL LOSS OF THE SAMPLE

Age of Onset	Visual Loss Total	 Low	 High	Total
Birth	5	6	5	16
0-44	13	5	13	31
45 +	6	5	6	17
Total	24	16	24	64

Some discrepancies were noted between the age of onset of visual loss recorded in the case record and the age of onset of visual loss reported by the rehabilitants. Where discrepancies existed, the rehabilitant's report was used in selecting the proper age of onset category.

3. Primary Causes of Blindness

The major cause of blindness as revealed in Table 4 was glaucoma. The second most common cause was optic atrophy. A large number (22) was listed under the category of "other" because of the incompleteness of ophthalmological data.

TABLE 4

PRIMARY CAUSES OF BLINDNESS

Cause	Frequency	Per Cent
Glaucoma	13	20
Choroiditis	3	5
Macula degeneration	4	6
Congenital cataracts	5	8
Diabetic vetinopathy	1	2
Optic atrophy	11	17
Progressive myopia	2	3
Albinism	3	5
Other	22	34
Total	64	100

4. Secondary Disabling Conditions

It is noted in Table 5 that secondary disabling conditions were present in 14 cases. The secondary disabling conditions of emotional disturbance, epilepsy, and dental disability were mentioned with equal frequency.

TABLE 5

SECONDARY DISABLING CONDITIONS

Condition	Frequency	Per Cent
Dental	2	14
Emotional disturbance	2	14
Epilepsy	2	14
Hearing disability	1	8
Mental retardation	1	8
Other	6	42
Total	14	100

5. Previously Rehabilitated

Table 6 shows that 18, or 28 per cent, had been previously rehabilitated; while 46, or 72 per cent, had not received prior services.

TABLE 6

PREVIOUSLY REHABILITATED

	Frequency	Per Cent
Yes	18	28
No	46	72
Total	64	100

6. Source of Referral for Rehabilitation Services

The largest number of referrals, 33 per cent, came from self referral, while the second largest number, 22 per cent, came from public welfare as compiled in Table 7. Schools for the blind and blind organizations accounted for three referrals.

TABLE 7

SOURCES OF REFERRAL FOR REHABILITATION SERVICES

Source of Referral	Frequency	Per Cent
Public school	2	3
Other individual	6	9
Public welfare	14	22
Self referral	21	33
Physician	8	12
School for blind	1	2
Blind organization	2	3
Other	10	16
Total	64	100

7. Age of Acceptance of Rehabilitation Services

The ages of these persons at the time of acceptance for rehabilitation services ranged from 15 through 70 years of age. It is revealed in Table 8 that 30 per cent were accepted from the age group 50 through 59; 22 per cent from the age group 30 through 39; and 3 per cent after the age of 69.

TABLE 8

AGE AT ACCEPTANCE OF REHABILITATION SERVICES

Age in Years	Frequency	Per Cent
15-19	4	6
20-29	8	12
30-39	14	22
40-45	5	8
45-50	7	11
50-59	19	30
60-69	5	8
70-	2	3
Total	64	100

8. Education at Time of Acceptance for Rehabilitation Services

The number of years of education completed by members of the sample, as found in Table 9, ranged from 0 to 16 years. Those persons who completed 7 through 12 years of education comprised 38 per cent of the sample; and those who had completed 0 through 6 years made up 42 per cent of the sample. Four per cent had completed more than 12 years of education, and 22 per cent had completed 3 years or less.

TABLE 9

EDUCATION AT TIME OF ACCEPTANCE FOR REHABILITATION SERVICES

Education	Frequency	Per Cent
None	7	11
1 - 3	7	11
4 - 6	13	20
7 - 9	17	26
10 -12	8	12
High school graduate	10	16
College - 1 to 2 years	1	2
College graduate	1	2
Total	64	100

9. Sex Distribution of Sample

The sex distribution is shown in Table 10. Of the 64 persons, 59 per cent were males and 41 per cent were females.

TABLE 10

SEX DISTRIBUTION OF SAMPLE

Sex	Frequency	Per Cent
Male	38	59
Female	26	41
Total	64	100

10. Race Distribution of Sample

Analysis of Table 11 reveals that 53 per cent of the sample were white, and 47 per cent were members of the Negro race. No other races were represented.

TABLE 11

RACE DISTRIBUTION OF SAMPLE

Race	Frequency	Per Cent
White	34	53
Negro	30	47
Total	64	100

11. Number of Dependents

The number of dependents at the time of acceptance for rehabilitation ranged from 0 through 5 or more. In Table 12 it is revealed that 52 per cent had no dependents; 23 per cent had 1; and 3 per cent had 5 or more. The number of dependents of the remaining 14 varied from 2 through 4.

12. Primary Sources of Support at Acceptance for Rehabilitation Services

The primary sources of support for the members of the sample at the time they were accepted for rehabilitation are presented in Table 13. Only 25 per cent were supported by their own earnings. The family was reported as the primary source of support in 27 per cent of the cases. The remaining 31 individuals were supported by other sources.

TABLE 12

NUMBER OF DEPENDENTS AT TIME OF ACCEPTANCE FOR REHABILITATION SERVICES

Number	Frequency	Per Cent
0	33	52
1	15	23
2	7	11
3	4	6
4	3	5
5 or more	2	3
Total	64	100

TABLE 13

PRIMARY SOURCE OF SUPPORT AT TIME OF ACCEPTANCE FOR REHABILITATION SERVICES

Source	Frequency	Per Cent
Wage earnings	16	25
Public welfare	27	42
Family	17	27
Other	4	6
Total	64	100

13. Total Earnings in Week before Acceptance for Rehabilitation Services

The weekly income one week before acceptance for rehabilitation ranged from $0 through $80. It can be noted in Table 14 that 75 per cent

had no weekly earnings. Weekly earnings ranging from $11 through $80 were reported by 19 per cent.

TABLE 14

TOTAL EARNINGS IN WEEK BEFORE ACCEPTANCE FOR REHABILITATION SERVICES

Weekly Income	Frequency	Per Cent
$ 0	48	75
$ 1 - $10	3	4
$11 - $20	6	9
$21 - $30	2	3
$31 - $40	1	2
$41 - $50	0	0
$51 - $60	2	3
$61 - $80	1	2
$81 +	1	2
Total	64	100

14. Public Assistance

There were 27, or 42 per cent, of the rehabilitants who were receiving public assistance in programs at acceptance. Twenty-six, or 40 per cent, were receiving public assistance in programs at closure.

15. Months on Agency Rolls

The average number of months from referral to acceptance was 7 for the total group of rehabilitants as revealed in Table 15. On the average it took 8 months for the sample interviewed to prepare for work, and 3 months elapsed from employment to closure.

TABLE 15

MONTHS ON AGENCY ROLLS

Period	Months
Referral to acceptance	7
Acceptance to closure	13
To prepare for employment	8
From employment to closure	3

16. Mobility at Closure

The degree of mobility at closure of rehabilitation is seen in Table 16. It is noted that 88 per cent were capable of activities outside the home without help of other person, while 12 per cent were only capable of activities outside the home with help of other persons. There was no rehabilitant classified as homebound at the time of closure.

TABLE 16

MOBILITY AT CLOSURE OF REHABILITATION SERVICES

Mobility	Frequency	Per Cent
Housebound	0	0
Capable of activities outside home:		
With help of other person	8	12
Without help of other person	56	88
Total	64	100

17. Kinds of Rehabilitation Services and Cost of Rehabilitation Services

A summary of the kinds of rehabilitation services provided members of the sample together with the total cost of each kind of service is found in Table 17. The average cost for training and training materials was $449. The average cost for surgery and treatment was $150. The average cost of all rehabilitation services provided was $705.

TABLE 17

KINDS OF REHABILITATION SERVICES AND COST OF REHABILITATION SERVICES PROVIDED SAMPLE

Rehabilitation Services	Frequency	Average Cost
Diagnostic procedures	64	$ 32
Surgery and treatment	20	150
Prosthetic appliances	18	38
Hospital and convalescent care	9	255
Training and training materials	27	449
Maintenance and transportation	20	184
Tools, equipment, and licenses	25	395
Other	5	2283

Mean Cost = $705

18. Work Status at Completion of Rehabilitation Services

Before a person is considered rehabilitated in the Florida Council for the Blind and the Georgia Division of Vocational Rehabilitation programs, he must be declared to be suitably employed. All persons

included in the sample, therefore, were employed upon completion of rehabilitation services. The nature of this employment is shown in Table 18. Twenty-nine per cent were employed in the competitive labor market; 14 per cent were classified as housewives; and 44 per cent were self-employed.

TABLE 18

WORK STATUS AT COMPLETION OF REHABILITATION SERVICES

Work Status	Frequency	Per Cent
Wage or salaried worker:		
Competitive labor market	19	29
Sheltered workshop	3	5
Self-employed	28	44
B.E.P. (state-agency-managed business enterprise)	5	8
Housewives	9	14
Total	64	100

19. Weekly Income in the Week before Closure

The weekly income one week before closure ranged from $0 through $80. It can be seen in Table 19 that 16 per cent had no weekly earnings. Weekly earnings ranging from $11 through $50 were reported by 59 per cent.

20. Placement Agency

It is interesting to note in Table 20 that 20 per cent of the rehabilitants located their own jobs and that 19 per cent returned to or were

retained on the same job. The vocational rehabilitation agency was responsible for 59 per cent of the placements.

TABLE 19

EARNINGS IN WEEK BEFORE CLOSURE

Weekly Earnings	Frequency	Per Cent
$ 0	10	16
$ 1 - $10	11	17
$11 - $20	22	34
$21 - $30	4	6
$31 - $40	11	17
$41 - $50	1	2
$51 - $60	1	2
$61 - $80	3	4
$81 +	1	2
Total	64	100

TABLE 20

PLACEMENT AGENCY

	Frequency	Per Cent
Returned to or retained on same job	12	19
Located own job	13	20
Vocational rehabilitation agency	38	59
Other	1	2
Total	64	100

B. Adjustment of Blind Rehabilitants

One of the reasons for this study was to gain information regarding selected aspects of the adjustment of blind rehabilitants subsequent to their rehabilitation. Those aspects studied were (1) employment history subsequent to rehabilitation, (2) earning power subsequent to rehabilitation, (3) present job satisfaction, (4) attitudes toward rehabilitation, (5) need for additional rehabilitation services, (6) mobility, (7) communication, and (8) visual efficiency. The results of the inquiry into these aspects are presented in this section. These data were gathered through interviews with the 64 rehabilitants of the sample.

1. Employment Status at Time of Interview

The present employment status was obtained through personal interview with the rehabilitant. It can be noted in Table 21 that 34 per cent of the rehabilitants were unemployed, 27 per cent reported they were employed part-time, and 16 per cent were housewives. The remaining 23 per cent were employed full-time.

2. Percentage of Months Employed from Completion of Rehabilitation Service to Time of Interview

The number of months between completion of rehabilitation services and the time of this study is found in Table 22. This table shows that the number of months ranges from 43 through 55. It is noted that 38 per cent of the persons were rehabilitated 43 months prior to this study, while the intervening time for 9 was 55 months.

The jobs held by the rehabilitants at the close of rehabilitation and at the time of this study have been compiled in Table 23. The three leading job titles at completion of rehabilitation were housewife, sales, and vending stand operator. At the time of this study, the three leading job titles were housewife, vending stand operator, and manager retail. In comparing the jobs held at completion of rehabilitation and those held

TABLE 21

EMPLOYMENT STATUS OF MEMBERS OF SAMPLE AT TIME OF INTERVIEW

Employment Status	Frequency	Per Cent
Unemployed	22	34
Part-time	17	27
Full-time	15	23
Housewife	10	16
Total	64	100

TABLE 22

NUMBER OF MONTHS FROM COMPLETION OF REHABILITATION SERVICES TO TIME OF INTERVIEW

Number of Months	Frequency	Per Cent
43	24	38
44	7	11
45	4	6
46	5	8
47	5	8
48	0	0
49	6	9
50	0	0
51	0	0
52	4	6
53	0	0
54	0	0
55	9	14
Total	64	100

at the time of this study, it will be noted that the number of rehabilitants who were classified as unemployed and housewives increased during the interval.

TABLE 23

JOB TITLES AT COMPLETION OF REHABILITATION AND AT TIME OF INTERVIEW

Job Titles	Frequency at Completion of Rehabilitation	Per Cent	Frequency at Time of Interview	Per Cent
Unemployed	0	0	22	34
Housewife	9	14	10	16
Vending Stand Operator	7	11	4	6
Peanut Peddler	5	8	2	3
Sales	8	13	3	5
Manager Retail	6	9	4	6
Workshop Operator	2	3	3	5
Other	27	42	16	25
Total	64	100	64	100

3. Extent of Employment of Sample Subsequent to Their Rehabilitation

It will be noted from Table 24 that 42 per cent had held only one full-time job, and no rehabilitant had held two full-time jobs or more. Further, 50 per cent had held one part-time job, and no rehabilitant reported having held two or more part-time jobs.

TABLE 24

EXTENT OF EMPLOYMENT SUBSEQUENT TO REHABILITATION

	Frequency	Per Cent
Number of full-time jobs held since rehabilitation		
1	27	42
2 or more	0	0
Number of part-time jobs held since rehabilitation		
1	32	50
2 or more	0	0

4. Financial Status at Time of Completion of Rehabilitation and Time of Interview

Weekly earnings at the time of completion of rehabilitation are shown in Table 25. The most frequent earnings reported were from $11 to $20, as reported by 40 per cent.

A summary of weekly earnings at the time of this study is also given in Table 25. The most frequent earnings were between 1 and 10 dollars, as reported by 24 per cent. No earnings were reported by 41 per cent of the sample.

5. Job Satisfaction at Time of Interview

Part of Item VI of the interview questionnaire was designed to secure data regarding job satisfaction of the rehabilitants who were employed. The rehabilitants were asked to answer "yes" or "no" for each of the following questions: Have you thought of changing to a different job or would you like to? Do you feel your present job holds a good future for you? Do you think you would be satisfied with your work five

TABLE 25

WEEKLY EARNINGS AT TIME OF COMPLETION OF REHABILITATION SERVICES AND AT TIME OF INTERVIEW*

Weekly Earning	Frequency at Completion of Rehabilitation	Per Cent	Frequency at Time of Interview	Per Cent
$ 0	0	0	22	41
$ 1 - $10	11	20	13	24
$11 - $20	22	40	3	6
$21 - $30	4	7	3	6
$31 - $40	11	20	4	7
$41 - $50	1	2	4	7
$51 - $60	1	2	0	0
$61 - $80	4	7	1	2
$81 +	1	2	4	7
Total	55	100	54	100

*Housewives not included

years from now? Are you as happy with your work as other people? Are you satisfied with your present job? On your present job, do you like the kind of work?

In order to establish some basis upon which job satisfaction might be judged, the espected replies to the items given in Table 26 were determined in advance. These replies are shown in the first column of the table, and the actual replies in the second column. Each rehabilitant was given a score based upon the number of his replies that coincided with expected replies. It was assumed that the score indicated job satisfaction, and each person, accordingly, was categorized as

TABLE 26

QUESTIONS PERTAINING TO JOB SATISFACTION*

Questions	Expected Reply	Actual Reply	Per Cent
Have you thought of changing to a different job or would you like to?	No	18 No	56
Do you feel your present job holds a good future for you?	Yes	18 Yes	56
Do you think you would be satisfied with your work five years from now?	Yes	18 Yes	56
Are you as happy with your work as other people?	Yes	19 Yes	59
Are you satisfied with your present job?	Yes	18 Yes	56
On your present job, do you like the kind of work?	Yes	15 Yes	47

*Housewives and unemployed not included.

having good, fair, or poor job satisfaction. Findings are given in Table 27, where it is revealed that 53 per cent of the employed persons had a job satisfaction score that ranked good; 9 per cent, fair; and the remaining 38 per cent had a job satisfaction score that ranked poor.

6. Attitude Toward Rehabilitation

Rehabilitants were asked to indicate their feelings by answering or completing the statements in Item VII of the questionnaire. The responses that indicated a good attitude toward rehabilitation were

TABLE 27

JOB SATISFACTION*

Job Satisfaction	Score	Frequency	Per Cent
Poor	0 - 2	12	38
Fair	3 - 4	3	9
Good	5 - 6	17	53
Total		32	100

*Housewives and unemployed not included.

TABLE 28

STATEMENTS PERTAINING TO ATTITUDE TOWARD REHABILITATION

Statement	Expected Reply	Actual Reply	Per Cent
Do you feel that rehabilitation helped you in every way possible?	Yes	36 Yes	56
Did you receive all the services necessary for your rehabilitation?	Yes	33 Yes	52
Would you hesitate to refer any client to rehabilitation?	No	59 No	92
Describe your counselor.	Very helpful or helpful	52 Very helpful or helpful	81
Were you able to talk freely with your counselor?	Yes	60 Yes	94
How do you feel about the rehabilitation program?	Positive statement	42 Positive statement	66

determined for each statement. The statements, expected responses, and actual responses are presented in Table 28.

Each rehabilitant was assigned an Attitude Toward Rehabilitation score on the basis of his responses to the statements shown in Table 28. One point was given for each response that corresponded to the expected response. Each person, according to his score was classified as having good, fair, or poor attitude toward rehabilitation. Based on the results of this analysis, in Table 29 it is noted that 50 per cent of the sample indicated a good attitude toward rehabilitation, 34 per cent a fair attitude, and 16 per cent a poor attitude.

TABLE 29

ATTITUDES TOWARD REHABILITATION

Score	Attitude	Frequency	Per Cent
1 - 2	Poor	10	16
3 - 4	Fair	22	34
5 - 6	Good	32	50
Total		64	100

7. Need for Additional Rehabilitation Services

Rehabilitants were asked whether or not they needed further rehabilitation services, and if so to explain their needs. In Table 30 can be noted that 67 per cent (43) felt a need for additional services. The majority of this group (44 per cent) felt they needed help finding a job, 16 per cent needed equipment and materials, and 12 per cent felt they needed additional training.

TABLE 30

KINDS OF ADDITIONAL REHABILITATION SERVICES NEEDED BY MEMBERS OF SAMPLE

Kinds of Services Needed	Frequency	Per Cent
Job	19	44
Equipment and materials	7	16
Additional training	5	12
Care	3	7
Medical services	3	7
Glasses	1	2
Hearing aid	1	2
Other	4	10
Total	43	100

In Item VII it was requested that the rehabilitants make statements concerning how they felt toward their particular rehabilitation program. Examples of positive statements given were "The rehabilitation program was wonderful for me"; "The rehabilitation program was very fine and helped me in every way possible."

Statements that could be interpreted as criticism were made by 30 per cent (19) of the persons and are grouped according to similarity and presented in Table 31. Examples of such criticisms include: "Counselor gave me impression that he did not want to fool with me, and I was pushed aside when I inquired about jobs." "Rehabilitation should help people find appropriate jobs. I could do nothing with the brooms and mops that I tried to sell."

TABLE 31

CRITICISMS OF REHABILITATION PROGRAM

Criticism	Frequency	Per Cent
Counseling was inadequate	6	32
Placement was inadequate	4	21
Training was inadequate	2	10
Other	7	37
Total	19	100

8. Mobility

The mobility of the rehabilitants was ascertained as revealed in Table 32. It is seen that no rehabilitant in the sample uses a dog for travel with the aid of a cane. In addition, 41 per cent use the cane regularly and 39 per cent report that the cane is used in both familiar and unfamiliar places. Also 55 per cent of the rehabilitants reported the use of a sighted guide for travel, and 20 per cent stated they use the sighted guide regularly. Seventeen per cent of the rehabilitants stated they used a sighted guide to travel in both familiar and unfamiliar places.

9. Communication

Of the 64 rehabilitants interviewed, 11 per cent reported the use of braille as a means of communication. It is further revealed in Table 33 that 22 per cent used talking books, 50 per cent read large print, 22 per cent read newspapers, and 19 per cent read a telephone directory.

TABLE 32

MOBILITY

Statement	Reply	Frequency	Per Cent
Do you use a guide dog?	Yes	0	0
	No	64	100
Do you use a cane to travel with?	Yes	35	55
	No	29	45
If yes, do you use the cane regularly or occasionally?	Regularly	26	41
	Occasionally	9	14
Do you use it to travel in familiar or unfamiliar places?	Familiar	3	5
	Unfamiliar	7	11
	Both	25	39
Do you use a sighted guide to travel?	Yes	35	55
	No	29	45
Do you use the sight guide regularly or occasionally?	Regularly	13	20
	Occasionally	22	34
Do you use the sighted guide to travel in familiar or unfamiliar places?	Familiar	1	2
	Unfamiliar	23	36
	Both	11	17

10. Vision

Section IV was concerned with the questions related to the reported functional vision of the rehabilitants. It is revealed in Table 34 that 80 per cent reported having the ability to see where light comes from. Of this group, 77 per cent indicated useful vision; 64 per cent could see moving objects like cars; while 11 per cent could recognize a friend across the street. Sixty-four per cent of the rehabilitants found their vision useful in traveling, and 61 per cent reported in the affirmative when asked, "Do you use vision in performing your work?"

TABLE 33

COMMUNICATION SKILLS

Questions		Frequency	Per Cent
Do you use Braille?	Yes	7	11
Do you use a talking book?	Yes	14	22
Do you read the following materials with or without glasses?			
Newspapers	Yes	14	22
Magazines	Yes	13	20
Phone directory	Yes	12	19
Books	Yes	13	20
Large Print	Yes	32	50

TABLE 34

VISUAL EFFICIENCY

Question	Frequency "Yes" Reply	Per Cent
Do you have any useful sight now?	49	77
Can you see where light comes from?	51	80
Can you see moving objects like cars?	41	64
Can you recognize a friend across the street?	7	11
Do you use vision to travel or get about?	41	64
Do (did) you use vision in performing your work?	39	61

C. Employment History Subsequent to Rehabilitation as Related to Age of Onset and Degree of Visual Loss

The number of jobs held since rehabilitation and the employment status at interview were used as the variables for determining relationships with age of onset and degree of visual loss of the rehabilitants and are presented under the appropriate categories.

1. Degree of Visual Loss and Number of Jobs Held Subsequent to Rehabilitation

The results of the analysis of the relation between the number of jobs held since rehabilitation and the degree of visual loss is shown in Table 35. It was found that this variable was insignificantly related to the degree of visual loss. The absence of a significant relationship indicated that there is no significant difference between the number of full-time and part-time jobs held by the rehabilitants and their degree of visual loss.

TABLE 35

RELATIONSHIP BETWEEN THE NUMBER OF JOBS HELD SUBSEQUENT TO REHABILITATION AND THE DEGREE OF VISUAL LOSS

Jobs Held Subsequent to Rehabilitation	Degree of Visual Loss: Totally Blind	Low Vision Blind	High Vision Blind	Total
Number of full-time jobs	13	4	10	27
Number of part-time jobs	12	8	12	32
Total	25	12	22	59

DF = 2
$X^2 = 1.139$
C = .138
$P > .05$

2. Degree of Visual Loss and Employment Status at Time of Inquiry

The contingency table for employment status (Table 36) and degree of visual loss reveals no relationship between these two variables. That is, the degree of visual loss of blind rehabilitants was found to be unrelated to employment status.

TABLE 36

RELATIONSHIP BETWEEN THE EMPLOYMENT STATUS AT TIME OF INQUIRY AND THE DEGREE OF VISUAL LOSS*

Employment Status at Time of Inquiry	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Employed	14	7	11	32
Unemployed	6	9	7	22
Total	20	16	18	54

DF = 2
$X^2 = 2.5753$
C = .213
$P > .05$

*Does not include housewives.

3. Age of Onset of Visual Loss and Number of Jobs Held Subsequent to Rehabilitation

The results of the statistical analysis of the relationship between the number of jobs held since rehabilitation and the age of onset of visual loss is presented in Table 37. It was found that the age of onset and the number of jobs held subsequent to rehabilitation show no

significant relationship at the .05 level of confidence. The absence of significant relationships indicated no significant differences between those rehabilitants in respect to the age of onset of their visual loss and the number of part-time and full-time jobs held subsequent to their rehabilitation.

TABLE 37

RELATIONSHIP BETWEEN THE NUMBER OF JOBS HELD SUBSEQUENT TO REHABILITATION AND THE AGE OF ONSET OF VISUAL LOSS

Jobs Held Subsequent to Rehabilitation	Age of Onset			Total
	Birth	0-44	45+	
Number of full-time jobs	10	14	3	27
Number of part-time jobs	5	18	9	32
Total	15	32	12	59

DF = 2
X^2 = 4.778
C = .274
$P > .05$

4. Age of Onset of Visual Loss and Employment Status at Time of Inquiry

The results of the statistical analysis of the relationship of the two variables, age of onset of visual loss and employment status at time of inquiry is given in Table 38. There was no significant relationship (.05 level of confidence) shown to exist between these two variables. The time in life that a rehabilitant's age of onset of visual loss occurred, therefore, did not relate to his employment status at the time of inquiry.

TABLE 38

RELATIONSHIP BETWEEN THE EMPLOYMENT STATUS AT TIME OF INQUIRY AND THE AGE OF ONSET OF VISUAL LOSS*

Employment Status at Time of Inquiry	Age of Onset			Total
	Birth	0-44	45+	
Employed	11	16	5	32
Unemployed	5	7	10	22
Total	16	23	15	54

DF = 2
X^2 = 5.7849
C = .306
$P > .05$

*Does not include housewives

D. Earning Power Subsequent to Rehabilitation as Related to the Age of Onset and Degree of Visual Loss

Of the data ascertained, weekly earning at the time of inquiry seemed to have been the best indication of earning power, and therefore was chosen as the variable to be used in determining relationships between the age of onset and the degree of visual loss. Because of the small frequencies involved it was necessary to combine the two adjacent categories of low and high vision blind into one category in order to have large enough frequencies for statistical analysis of the contingency table. It was also found necessary to combine the two adjacent age of onset categories, 0-44 and 45+ into one category.

1. Degree of Visual Loss and Weekly Earnings at Time of Inquiry

The contingency table for these two variables (Table 39) does not reveal a significant relationship. This indicates that the weekly earnings of 1-30 and 30+ were not related to the degree of visual loss for this group of blind rehabilitants.

TABLE 39

RELATIONSHIP BETWEEN WEEKLY EARNINGS AT TIME OF INQUIRY AND DEGREE OF VISUAL LOSS

Weekly Earnings at Time of Inquiry	Degree of Visual Loss: Totally Blind	Degree of Visual Loss: Low and High Vision Blind	Total
1-30	9	10	19
31+	5	8	13
Total	14	18	32

DF = 1
X^2 = 5.7849
C = 3.34
$P > .05$

2. Age of Onset of Visual Loss and Weekly Earnings at Time of Inquiry

The contingency table for this pair of variables is show in Table 40. Upon reviewing this table, it should be noted that the absence of significant relationships indicates no significant difference in this group of rehabilitants whose weekly earnings were 1-30 dollars and those whose earnings were 31 or more dollars with reference to age of onset of visual loss.

TABLE 40

RELATIONSHIP BETWEEN WEEKLY EARNINGS AT TIME OF INQUIRY AND AGE OF ONSET OF VISUAL LOSS

Weekly Earnings at Time of Inquiry	Age of Onset		Total
	Birth	0-45+	
1-30	4	15	19
31+	7	6	13
Total	11	21	32

DF = 1
$\chi^2 = .2488$
C = .028
$P > .05$

E. Present Job Satisfaction as Related to Degree and Age of Onset of Visual Loss

Each employed rehabilitant was given a job satisfaction rating of good, fair, or poor, according to his responses to a series of statements (Tables 26 and 27). Job satisfaction as rated in this manner was used as the variable in determining the relationships with the factors of degree and age of onset of visual loss.

It was necessary to combine the two adjacent categories of low and high vision blind and the two adjacent age of onset categories of 0-44 and 45+. The fair and poor job satisfaction categories were combined in order to increase the theoretical frequencies for purposes of statistical analysis.

1. Degree of Visual Loss and Present Job Satisfaction

Statistical analyses of the relationship are presented in Table 41 and show no significant relationship at the .05 level of confidence.

The absence of a significant relationship indicates no significant difference in the group of rehabilitants whose job satisfaction was ranked good, and those ranked fair or poor with reference to the degree of visual loss.

TABLE 41

RELATIONSHIP BETWEEN PRESENT JOB SATISFACTION AND DEGREE OF VISUAL LOSS

Present Job Satisfaction	Degree of Visual Loss		Total
	Totally Blind	Low and High Vision Blind	
Good	10	7	17
Fair to poor	4	11	15
Total	14	18	32

DF = 1
$X^2 = 3.3483$
C = .307
$P > .05$

2. Age of Onset of Visual Loss and Present Job Satisfaction

The contingency table for this pair of variables found to be not significantly related (.05 level of confidence) is revealed in Table 42. In this table, the absence of a significant relationship indicates no significant difference among the categories of one variable relative to the other. That is, present job satisfaction is not related to the age of onset of visual loss, for this group of rehabilitants.

TABLE 42

RELATIONSHIP BETWEEN PRESENT JOB SATISFACTION AND AGE OF ONSET OF VISUAL LOSS

Present Job Satisfaction	Age of Onset		Total
	Birth	0-45+	
Good	5	12	17
Fair to poor	6	9	15
Total	11	21	32

DF = 1
X^2 = .3960
C = .350
$P > .05$

F. Attitude Toward Rehabilitation as Related to the Degree and Age of Onset of Visual Loss

Attitude toward rehabilitation for each member of the sample was rated good, fair, or poor according to his responses to selected statements (Tables 28 and 29) and was used as the variable in determining relationships with the degree and age of onset of visual loss. The categories of fair and poor were combined because of low expected frequencies in accordance with the suggestion of Siegel (1956).

1. Degree of Visual Loss and Attitude Toward Rehabilitation

The contingency table for attitudes toward rehabilitation and degree of visual loss is shown in Table 43. It should be observed that the absence of significant relationships indicates no significant differences between the group of persons with a good attitude and the group of persons with a fair or poor attitude in regard to degree of visual loss.

TOTAL 43

RELATIONSHIP BETWEEN ATTITUDE TOWARD REHABILITATION AND DEGREE OF VISUAL LOSS

Attitude toward Rehabilitation	Degree of Visual Loss			
	Totally Blind	Low Vision Blind	High Vision Blind	Total
Good	12	7	13	32
Fair to poor	12	9	11	32
Total	24	16	24	64

DF = 2
X^2 = .4166
C = .025
$P > .05$

TOTAL 44

RELATIONSHIP BETWEEN ATTITUDE TOWARD REHABILITATION AND AGE OF ONSET OF VISUAL LOSS

Attitude toward Rehabilitation	Age of Onset			
	Birth	0-44	45+	Total
Good	6	15	11	32
Fair to poor	10	16	6	32
Total	16	31	17	64

DF = 2
X^2 = 2.5028
C = .193
$P > .05$

2. Age of Onset of Visual Loss and Attitude Toward Rehabilitation

The contingency table for this pair of variables is presented in Table 44. It should be noted that there is no relationship between these two variables at the .05 level of confidence. The absence of a significant relationship indicates no significant difference between the age of onset of visual loss and attitude toward rehabilitation for this group of rehabilitants.

G. Need for Further Rehabilitation Services as Related to the Degree and Age of Onset of Visual Loss

Each person in the sample was asked whether he felt a need for additional rehabilitation services. As reported previously, 67 per cent felt a need for such help. This need as reported by the rehabilitants was used as the variable in determining relationships with age of onset, and degree of visual loss.

1. Degree of Visual Loss and Need for Further Rehabilitation Services

The relationship between the degree of visual loss and need for further rehabilitation services was studied statistically and reported in Table 45. The contingency coefficient reveals no significant relationship at the .05 level of confidence. The absence of significant relationships in this table indicated no significant difference between the degree of visual loss of the rehabilitants and the need for further rehabilitation services.

TABLE 45

RELATIONSHIP BETWEEN THE NEED FOR FURTHER REHABILITATION SERVICES AND DEGREE OF VISUAL LOSS

Need for Further Rehabilitation Services	Degree of Visual Loss			
	Totally Blind	Low Vision Blind	High Vision Blind	Total
Yes	16	13	14	43
No	8	3	10	21
Total	24	16	24	64

DF = 2
X^2 = 2.2916
C = .186
P $>$ .05

2. Age of Onset and Need for Further Rehabilitation Services

The relationship between the age of onset of visual loss and the need for further rehabilitation was found to be not significant at the .05 level of confidence (Table 46). Therefore, it is indicated that the age of onset of visual loss of these rehabilitants was not related to the need for further rehabilitation services at the time of inquiry.

H. Mobility as Related to the Age of Onset and Degree of Visual Loss

1. Degree of Vision and Mobility

The relationships of the variables of mobility and the degree of visual loss are presented in Table 47. The relationship of two pairs of

TABLE 46

RELATIONSHIP BETWEEN THE NEED FOR FURTHER REHABILITATION SERVICES AND AGE OF ONSET OF VISUAL LOSS

Need for Further Rehabilitation Services	Age of Onset			Total
	Birth	0-44	45+	
Yes	11	20	12	43
No	5	11	5	21
Total	16	31	17	64

DF = 2
X^2 = .2072
C = .018
$P > .05$

variables were found to be significant, and the relationships of four pairs could not be determined because of small frequencies.

The first significant relationship noted is between degree of visual loss and "Do you use a cane to travel with?" These variables have a contingency coefficient of .480 and a chi square of 19.1054. An examination of their contingency table (Table 48), as would be suspected, reveals that blind rehabilitants with less remaining vision tended to use a cane to travel with more often than blind rehabilitants with a greater degree of vision.

Another significant relationship noted in Table 47 is between the degree of vision and "Do you use a sighted guide to travel with?" These variables have a contingency coefficient of .399 and a chi square of 12.1274. The contingency table (Table 51), upon inspection, reveals that those blind rehabilitants with more remaining vision tended to use a guide to travel with less often than rehabilitants with a greater degree of visual loss.

TABLE 47

RELATIONSHIP BETWEEN MOBILITY AND THE DEGREE OF VISUAL LOSS

Question	Relationship		
	X^2	C	P
Do you use a cane to travel with?	19.1054	.480	$<.001$
Do you use a cane regularly or occasionally?[a]	---	---	---
Do you use it to travel in familiar or unfamiliar places?[a]	---	---	---
Do you use a sighted guide to travel with?	12.1274	.399	$<.01$
Do you use the sighted guide regularly or occasionally?[a]	---	---	---
Do you use the sighted guide to travel in familiar or unfamiliar places?[a]	---	---	---

[a] Statistical relationship not computed because of small frequencies.

Because of unusually small frequencies in various cells of the contingency tables, statistical relationships could not be determined for four pairs of variables. For inspection, their contingency tables are given in Tables 49, 50, 52, and 53. These variables that were paired with the degree of visual loss are: (1) Do you use a cane regularly or occasionally? (2) Do you use it to travel in familiar or unfamiliar places? (3) Do you use the sighted guide regularly or occasionally? and (4) Do you use the sighted guide to travel in familiar or unfamiliar places?

TABLE 48

RELATIONSHIP BETWEEN MOBILITY AND THE DEGREE OF VISUAL LOSS: CANE

Do you use a cane to travel with?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Yes	21	8	6	35
No	3	8	18	29
Total	24	16	24	64

DF = 2

X^2 = 19.1054

C = .480

P $<$ .001

TABLE 49

RELATIONSHIP BETWEEN MOBILITY AND THE DEGREE OF VISUAL LOSS: CANE, REGULAR OR OCCASIONAL USE[a]

Do you use the cane regularly or occasionally?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Regularly	17	6	3	26
Occasionally	4	2	3	9
Total	21	8	6	35

[a] Statistical relationship not computed because of small frequencies.

TABLE 50

RELATIONSHIP BETWEEN MOBILITY AND THE DEGREE OF VISUAL LOSS: CANE, FAMILIAR OR UNFAMILIAR PLACES[a]

Do you use it to travel in familiar or unfamiliar places?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Familiar	2	0	1	3
Unfamiliar	3	1	3	7
Both	16	7	2	25
Total	21	8	6	35

[a] Statistical relationship not computed because of small frequencies.

TABLE 51

RELATIONSHIP BETWEEN MOBILITY AND THE DEGREE OF VISUAL LOSS: USE OF SIGHTED GUIDE

Do you use a sighted guide to travel with?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Yes	19	9	7	35
No	5	7	17	29
Total	24	16	24	64

DF = 2
X^2 = 12.1274
C = .399
$P < .01$

TABLE 52

RELATIONSHIP BETWEEN MOBILITY AND THE DEGREE OF VISUAL LOSS: SIGHTED GUIDE, REGULAR OR OCCASIONAL USE

Do you use the sighted guide regularly or occasionally?	Degree of Visual Loss			
	Totally Blind	Low Vision Blind	High Vision Blind	Total
Regularly	6	4	3	13
Occasionally	13	5	4	22
Totals	19	9	7	35

[a] Statistical relationship not computed because of small frequencies.

TABLE 53

RELATIONSHIP BETWEEN MOBILITY AND THE DEGREE OF VISUAL LOSS: SIGHTED GUIDE, FAMILIAR OR UNFAMILIAR PLACES[a]

Do you use the sighted guide to travel in familiar or unfamiliar places?	Degree of Visual Loss			
	Totally Blind	Low Vision Blind	High Vision Blind	Total
Familiar	1	0	0	1
Unfamiliar	13	5	5	23
Both	5	4	2	11
Total	19	9	7	35

[a] Statistical relationship not computed because of small frequencies.

2. Age of Onset and Mobility

The relationship of the variable of mobility and the age of onset of visual loss is presented in Table 54. The relationship of one pair of variables was found to be significant and the relationship of four pairs of variables could not be determined because of small frequencies. One pair of variables (age of onset and the use of a sighted guide to travel with) was found to be not significant at the .05 level of confidence.

The significant relationship at less than the .05 level of confidence existed between mobility and the use of a cane to travel with,

TABLE 54

RELATIONSHIP BETWEEN MOBILITY AND THE AGE OF ONSET OF VISUAL LOSS

	Relationship		
Question	X^2	C	P
Do you use a cane to travel with?	7.9705	.332	$< .02$
Do you use a cane regularly or occasionally?[a]	---	---	---
Do you use it to travel in familiar or unfamiliar places?[a]	---	---	---
Do you use a sighted guide to travel with?	.2513	.063	$> .05$
Do you use the sighted guide regularly or occasionally?[a]	---	---	---
Do you use the sighted guide to travel in familiar or unfamiliar places?[a]	---	---	---

[a] Statistical relationship not computed because of small frequencies.

and has a contingency coefficiency of .332 with a chi square of 7.9705. An examination of the contingency table for this pair of variables (Table 55) indicates the following significant differences:

1. Of the 16 rehabilitants whose age of onset of visual loss was at birth, only 4 use a cane to travel with.

2. Of the 31 rehabilitants whose age of onset of visual loss was between 0-44 years, 19 reported that they use a cane to travel with.

3. While of the 17 rehabilitants whose age of onset of visual loss occurred from 45 years and above, 12 reported that they use a cane in their traveling.

These differences indicate that the use of a cane to travel with tended to be more frequent for rehabilitants whose age of onset of visual loss was greater, than for those rehabilitants whose age of onset commenced at an earlier age.

TABLE 55

RELATIONSHIP BETWEEN MOBILITY AND THE AGE OF ONSET OF VISUAL LOSS: CANE

Do you use a cane to travel with?	Age of Onset			
	Birth	0-44	45+	Total
Yes	4	19	12	35
No	12	12	5	29
Total	16	31	17	64

$DF = 2$
$X^2 = 7.9705$
$C = .322$
$P < .02$

TABLE 56

RELATIONSHIP BETWEEN MOBILITY AND THE AGE OF ONSET OF VISUAL LOSS: CANE, REGULAR OR OCCASIONAL USE[a]

Do you use the cane regularly or occasionally?	Age of Onset			
	Birth	0-44	45+	Total
Regularly	4	12	10	26
Occasionally	0	7	2	9
Total	4	19	12	35

[a] Statistical relationship not computed because of small frequencies.

TABLE 57

RELATIONSHIP BETWEEN MOBILITY AND THE AGE OF ONSET OF VISUAL LOSS: CANE, FAMILIAR OR UNFAMILIAR PLACES[a]

Do you use it to travel in familiar or unfamiliar places?	Age of Onset			
	Birth	0-44	45+	Total
Familiar	1	1	1	3
Unfamiliar	0	4	3	7
Both	3	14	8	25
Total	4	19	12	35

[a] Statistical relationship not computed because of small frequencies.

TABLE 58

RELATIONSHIP BETWEEN MOBILITY AND THE AGE OF ONSET OF VISUAL LOSS: USE OF SIGHTED GUIDE

Do you use a sighted guide to travel with?	Age of Onset			
	Birth	0-44	45+	Total
Yes	9	16	10	35
No	7	15	7	29
Total	16	31	17	64

DF = 2
X^2 = .2513
C = .063
P $>$ .05

TABLE 59

RELATIONSHIP BETWEEN MOBILITY AND THE AGE OF ONSET OF VISUAL LOSS: SIGHTED GUIDE, REGULAR OR OCCASIONAL USE[a]

Do you use the sighted guide regularly or occasionally?	Age of Onset			
	Birth	0-44	45+	Total
Regularly	5	4	4	13
Occasionally	4	12	6	22
Total	9	16	10	35

[a] Statistical relationship not computed because of small frequencies.

TABLE 60

RELATIONSHIP BETWEEN MOBILITY AND THE AGE OF ONSET OF VISUAL LOSS: SIGHTED GUIDE, FAMILIAR OR UNFAMILIAR PLACES[a]

Do you use the sighted guide to travel in familiar or unfamiliar places?	Age of Onset			
	Birth	0-44	45+	Total
Familiar	0	1	0	1
Unfamiliar	5	12	6	23
Both	4	3	4	11
Total	9	16	10	35

[a] Statistical relationship not computed because of small frequencies.

I. Communication Skills as Related to Age of Onset and Degree of Visual Loss

1. Degree of Visual Loss and Communication Skills

The relationship of the variables of communication skills and the degree of visual loss are presented in Table 61. The relationship of two pair of variables were found to be significant and the relationship of four pair of variables could not be determined because of small frequencies. One pair was found not to be significant at the .05 level of confidence.

The first significant relationship noted is between degree of visual loss and "Do you read the following materials with or without glasses: Newspapers?" These variables have a contingency coeffiency of .381 and a chi square of 10.8495. An inspection of their contingency table (Table 64) reveals that blind rehabilitants with less vision are less likely to read newspapers.

Another significant relationship observed in Table 61 is between the degree of vision and "Do you read the following materials with or without glasses: large print?" These variables have a contingency coefficient of .584 and a chi square of 33.0833. This contingency table (Table 68) reveals that a significant relationship exists between the degree of visual loss and the ability to read large print (P > .001). However one rehabilitant reported he reads large print who was in the poorest category in respect to visual loss.

TABLE 61

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE DEGREE OF VISUAL LOSS[a]

Question	Relationship		
	X^2	C	P
Do you use braille?	---	---	---
Do you use a talking book?	3.4612	.227	$>$ .05
Do you use the following materials with or without glasses?			
Newspapers	10.8495	.381	$<$ .01
Magazines	---	---	---
Phone directory	---	---	---
Books	---	---	---
Large print	33.0833	.584	$<$ .001

[a] Statistical relationship not computed because of small frequencies.

Because of unusually small frequencies in various cells of the contingency tables, statistical relationships could not be determined for

four pairs of variables. For inspection, their contingency tables are given in Tables 62, 65, 66, and 67.

TABLE 62

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE DEGREE OF VISUAL LOSS: BRAILLE[a]

Do you use braille?	Degree of Visual Loss			Total
	Totally Blind	Low Vision Blind	High Vision Blind	
Yes	5	0	2	7
No	19	16	22	57
Total	24	16	24	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 63

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE DEGREE OF VISUAL LOSS: TALKING BOOK

Do you use a talking book?	Degree of Visual Loss			Total
	Totally Blind	Low Vision Blind	High Vision Blind	
Yes	12	5	6	23
No	12	11	18	41
Total	24	16	24	64

DF = 2

X^2 = 3.4612

C = .227

P $>$ .05

TABLE 64

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE DEGREE OF VISUAL LOSS: NEWSPAPERS

Do you read the following with or without glasses?	Degree of Visual Loss Totally Blind	Low Vision Blind	High Vision Blind	Total
Newspapers				
Yes	0	6	8	14
No	24	10	16	50
Total	24	16	24	64

DF = 2
$X^2 = 10.8495$
C = .381
$P < .01$

TABLE 65

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE DEGREE OF VISUAL LOSS: MAGAZINES

Do you read the following with or without glasses?	Degree of Visual Loss Totally Blind	Low Vision Blind	High Vision Blind	Total
Magazines				
Yes	0	5	8	13
No	24	11	16	51
Total	24	16	24	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 66

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE DEGREE OF VISUAL LOSS: PHONE DIRECTORY[a]

Do you read the following with or without glasses?	Degree of Visual Loss			
	Totally Blind	Low Vision Blind	High Vision Blind	Total
Phone directory				
Yes	0	5	7	12
No	24	11	17	52
Total	24	16	24	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 67

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE DEGREE OF VISUAL LOSS: BOOKS[a]

Do you read the following with or without glasses?	Degree of Visual Loss			
	Totally Blind	Low Vision Blind	High Vision Blind	Total
Books				
Yes	0	5	8	13
No	24	11	16	51
Total	24	16	24	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 68

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE DEGREE OF VISUAL LOSS: LARGE PRINT

Do you read the following with or without glasses?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Large print				
Yes	1	11	20	32
No	23	5	4	32
Total	24	16	24	64

DF = 2
X^2 = 33.0833
C = .584
$P < .001$

2. Age of Onset and Communication Skills

Statistical analyses of the relationships between age of onset of visual loss and communication skills are presented in Table 69 and show no relationship at the .05 level of confidence. The statistical relationships for five of the seven pairs of variables were not computed because of small frequencies. The contingency tables for communication skills and age of onset are shown in Table 70 through Table 76.

TABLE 69

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE AGE OF ONSET OF VISUAL LOSS

Question	Relationship		
	X^2	C	P
Do you use braille?[a]	---	---	---
Do you use a talking book?	1.6645	.159	$>.05$
Do you use the following materials with or without glasses?			
Newspapers[a]	---	---	---
Magazines[a]	---	---	---
Phone directory[a]	---	---	---
Books	---	---	---
Large print	2.5028	.194	$>.05$

[a] Statistical relationship not computed because of small frequencies.

TABLE 70

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE AGE OF ONSET OF VISUAL LOSS: BRAILLE[a]

Do you use braille?	Age of Onset			
	Birth	0-44	45+	Total
Yes	3	3	1	7
No	13	28	16	57
Total	16	31	17	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 71

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE AGE OF ONSET OF VISUAL LOSS: TALKING BOOK

Do you use a talking book?	Age of Onset Birth	 0-44	 45+	Total
Yes	7	12	4	23
No	9	19	13	41
Total	16	31	17	64

DF = 2
X^2 = 1.6645
C = .159
P $>$ .05

TABLE 72

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE AGE OF ONSET OF VISUAL LOSS: NEWSPAPERS[a]

Do you read the following with or without glasses?	Age of Onset Birth	 0-44	 45+	Total
Newspapers				
Yes	8	4	2	12
No	8	27	15	50
Total	16	31	17	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 73

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE AGE OF ONSET OF VISUAL LOSS: MAGAZINES[a]

Do you read the following with or without glasses?	Age of Onset			Total
	Birth	0-44	45+	
Magazines				
Yes	7	3	2	12
No	9	28	15	52
Total	16	31	17	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 74

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE AGE OF ONSET OF VISUAL LOSS: PHONE DIRECTORY[a]

Do you read the following with or without glasses?	Age of Onset			Total
	Birth	0-44	45+	
Phone directory				
Yes	7	3	2	12
No	9	28	15	52
Total	16	31	17	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 75

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE AGE OF ONSET OF VISUAL LOSS: BOOKS[a]

Do you read the following with or without glasses?	Age of Onset			Total
	Birth	0-44	45+	
Books				
Yes	7	4	12	13
No	9	27	15	51
Total	16	31	17	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 76

RELATIONSHIP BETWEEN COMMUNICATION SKILLS AND THE AGE OF ONSET OF VISUAL LOSS: LARGE PRINT

Do you read the following with or without glasses?	Age of Onset			Total
	Birth	0-44	45+	
Large print				
Yes	10	16	6	32
No	6	15	11	32
Total	16	31	17	64

DF = 2
X^2 = 2.5028
C = .194
$P > .05$

J. Visual Efficiency Related to the Age of Onset and Degree of Visual Loss

The responses of the rehabilitants to statements in Table 34 were used as the variables in determining relationships with the age of onset and degree of visual loss for the aspect of adjustment entitled visual efficiency. Visual efficiency is defined earlier in this study as the rehabilitant's reported functioning of his residual vision at the time of this study as gleaned from his responses to the questions in Table 34.

1. Visual Efficiency and Degree of Visual Loss

The relationships of the variables of visual efficiency and the degree of visual loss are presented in Table 77. The relationships of three pairs of variables were found to be significant and the relationships of three pairs of variables could not be determined because of small frequencies.

The three significant relationships (at the .001 level of confidence) were noted between degree of visual loss and the following questions: "Do you have any useful vision now? Can you see moving objects like cars? Do you use vision to travel or get about?" There was a significant relationship between the reported use of residual vision and the visual acuity as recorded by qualified ophthalmologists. These findings tend to justify the conclusion that the Snellen visual acuity correlates quite well with the visual efficiency level of blind rehabilitants.

TABLE 77

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE DEGREE OF VISUAL LOSS

Question	Relationship		
	X^2	C	P
Do you have any useful vision now?	32.65	.582	$< .001$
Can you see where light comes from?[a]	---	---	---
Can you see moving objects like cars?	32.05	.579	$< .001$
Can you recognize a friend across the street?[a]	---	---	---
Do you use vision to travel or get about?	38.93	.615	$< .001$
Do you use vision in performing your work?[a]	---	---	---

[a] Statistical relationship not computed because of small frequencies.

TABLE 78

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE DEGREE OF VISUAL LOSS: USEFUL SIGHT

Do you have any useful sight now?	Degree of Visual Loss			
	Totally Blind	Low Vision Blind	High Vision Blind	Total
Yes	9	16	24	49
No	15	0	0	15
Total	24	16	24	64

DF = 2
$X^2 = 32.65$
C = .582
$P < .001$

TABLE 79

RELATIONSHIP BETWEEN VISUAL EFFICIENCE AND THE DEGREE OF VISUAL LOSS: LIGHT PERCEPTION[a]

Can you see where light comes from?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Yes	11	16	24	51
No	13	0	0	13
Total	24	16	24	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 80

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE DEGREE OF VISUAL LOSS: MOVING OBJECTS

Can you see moving objects like cars?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Yes	5	13	23	41
No	19	3	1	23
Total	24	16	24	64

DF = 2

X^2 = 32.0565

C = .579

P $<$ .001

TABLE 81

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE DEGREE OF VISUAL LOSS: RECOGNIZE A FRIEND[a]

Can you recognize a friend across the street?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Yes	0	1	6	7
No	24	15	18	57
Total	24	16	24	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 82

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE DEGREE OF VISUAL LOSS: TRAVEL VISION

Do you use vision to travel or get about?	Degree of Visual Loss Totally Blind	 Low Vision Blind	 High Vision Blind	Total
Yes	4	13	24	41
No	20	3	0	23
Total	24	16	24	64

DF = 2
X^2 = 38.93
C = .615
$P < .001$

TABLE 83

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE DEGREE OF VISUAL LOSS: WORK VISION[a]

Do you use your vision in performing your work?	Degree of Visual Loss			
	Totally Blind	Low Vision Blind	High Vision Blind	Total
Yes	3	13	23	39
No	21	3	1	25
Total	24	16	24	64

[a] Statistical relationship not computed because of small frequencies.

2. Visual Efficiency and Age of Onset of Visual Loss

Statistical analyses of the relationships between visual efficiency and the age of onset of visual loss are presented in Table 84 and show no relationship at the .05 level of confidence. The contingency tables are shown in Tables 85 through 90. The statistical relationships for three of the six pairs of variables were not computed because of small frequencies. Upon inspection of the contingency tables of the three pairs of variables that were statistically analyzed, it should be observed that the absence of significant relationship indicated no significant difference in the group of rehabilitants whose age of onset was from birth, and those whose age of onset of visual loss occurred from 0-44 or 45 and above.

TABLE 84

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE AGE OF ONSET OF VISUAL LOSS

Question	Relationship		
	X^2	C	P
Do you have any useful vision now?[a]	---	---	---
Can you see where light comes from?[a]	---	---	---
Can you see moving objects like cars	.0227	.01	$>.05$
Can you recognize a friend across the street?[a]	---	---	---
Do you use vision to travel or get about?	.0227	.01	$>.05$
Do you use vision in performing your work?	.2253	.06	$>.05$

[a] Statistical relationship not computed because of small frequencies.

TABLE 85

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE AGE OF ONSET OF VISUAL LOSS: USEFUL SIGHT[a]

Do you have any useful sight now?	Age of Onset			Total
	Birth	0-44	45+	
Yes	12	24	13	49
No	4	7	4	15
Total	16	31	17	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 86

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE AGE OF ONSET OF VISUAL LOSS: LIGHT PERCEPTION[a]

Can you see where light comes from?	Age of Onset			
	Birth	0-44	45+	Total
Yes	12	26	13	51
No	4	5	4	13
Total	16	31	17	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 87

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE AGE OF ONSET OF VISUAL LOSS: MOVING OBJECTS

Can you see moving objects like cars?	Age of Onset			
	Birth	0-44	45+	Total
Yes	10	20	11	41
No	6	11	6	23
Total	16	31	17	64

DF = 2
X^2 = .0227
C = .01
P $>$ .05

TABLE 88

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE AGE OF ONSET OF VISUAL LOSS: RECOGNIZE A FRIEND[a]

Can you recognize a friend across the street?	Age of Onset			
	Birth	0-44	45+	Total
Yes	3	3	1	7
No	13	28	16	57
Total	16	31	17	64

[a] Statistical relationship not computed because of small frequencies.

TABLE 89

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE AGE OF ONSET OF VISUAL LOSS: TRAVEL VISION

Do you use vision to travel or get about?	Age of Onset			
	Birth	0-44	45+	Total
Yes	10	20	11	41
No	6	11	6	23
Total	16	31	17	64

DF = 2
$X^2 = .0227$
C = .01
$P > .05$

TABLE 90

RELATIONSHIP BETWEEN VISUAL EFFICIENCY AND THE AGE OF ONSET OF VISUAL LOSS: WORK VISION

Do you use vision in performing your work?	Age of Onset			
	Birth	0-44	45+	Total
Yes	10	18	11	39
No	6	13	6	25
Total	16	31	17	64

DF = 2
X^2 = .2253
C = .059
$P > .05$

V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

A. Background

The purpose of this study was to ascertain and analyze information concerning eight selected aspects of adjustment among a sample of blind rehabilitants; and to determine the relationship between the age of onset of visual loss, the degree of remaining vision, and these selected aspects of the adjustment. The study was concerned with those persons who were blind at closure and who were vocationally rehabilitated by the Florida Council for the Blind and the Georgia Division of Vocational Rehabilitation during the 1961-62 fiscal year. The investigation was made by ascertaining information on the eight aspects of adjustment subsequent to rehabilitation, and determining the relationships of these eight aspects of adjustment to the age of onset of visual loss and the degree of visual loss. The eight aspects of adjustment were employment history subsequent to rehabilitation, earning power subsequent to rehabilitation, job satisfaction, attitude toward rehabilitation, need for additional rehabilitation services, mobility, communication, and visual efficiency.

The data for the study were secured from the records of the Georgia Division of Vocational Rehabilitation and the Florida Council for the Blind, and from a vocational rehabilitation follow-up interview with a sample of 64 blind rehabilitants. Information concerning the eight aspects of adjustment of this sample of 64 rehabilitants is summarized according to the categories that follow.

B. Aspects of Adjustment

1. Employment History Subsequent to Rehabilitation

At the time of the interview, it was found that 23 per cent of the 64 persons comprising the sample were employed full-time. Of the remaining, 34 per cent were unemployed, 16 per cent were housewives, and 27 per cent were employed part-time. From the completion of rehabilitation (an interval of 43 through 55 months), 42 per cent had held one full-time job, and 50 per cent had held one part-time job.

2. Earning Power Subsequent to Rehabilitation

The earning power of the group was determined by securing data concerning their financial status at the time of interview. The most frequently reported weekly wages of the 64 rehabilitants at the time of inquiry fell within the $1 to $10 range and was reported by 20 per cent of the rehabilitants.

3. Job Satisfaction

The job satisfaction of each rehabilitant in the sample who was employed at the time of inquiry was determined by responses to questions regarding attitudes toward present job. Of the 32 employed, job satisfaction of 53 per cent was ranked as good, of 9 per cent as fair, and of the remaining 38 per cent as poor.

4. Attitude toward Rehabilitation

Attitude toward rehabilitation was determined for each rehabilitant interviewed. A good attitude toward rehabilitation was found with 50 per cent, a fair attitude with 34 per cent, and a poor attitude with 16 per cent.

5. Need for Additional Rehabilitation Service

Forty-three persons indicated a need for additional rehabilitation services. A job was mentioned as a need by 44 per cent of this group, materials and equipment by 16 per cent, and additional training by 12 per cent.

6. Mobility

Thirty-five of the rehabilitants reported that they travel with the aid of a cane. Forty-one per cent of the rehabilitants use the cane regularly and 39 per cent use the cane in both familiar and unfamiliar places. Thirty-five rehabilitants reported the use of the sighted guide; however, only 20 per cent reported they use the sighted guide regularly.

7. Communication

Seven of the 64 rehabilitants reported using braille, while 22 per cent said they used a talking book. Also 50 per cent reported reading large print, while 22 per cent and 19 per cent respectively read newspapers and phone directories.

8. Visual Efficiency

Fifty-one, or 80 per cent, of the rehabilitants reported having the ability to see where light comes from. Seventy-seven per cent indicated useful vision; sixty-four per cent could see moving objects like cars; while eleven per cent could recognize a friend across the street. Sixty-four per cent also found their vision useful in traveling.

C. Relationship Between the Age of Onset of Visual Loss, Degree of Visual Loss, and the Eight Aspects of Vocational Adjustment

The statistical relationships between the age of onset of visual loss, the degree of visual loss, and the eight aspects of adjustment were determined by calculating the contingency coefficiency for each pair of variables under analysis. The significance of each contingency coefficiency was determined by the use of the chi square test. The following hypotheses were investigated and the significant relationships were reported under the appropriate categories:

(1) It was hypothesized that there is a positive relationship between the degree of visual loss and the selected aspects of adjustment.

(2) It was hypothesized that there is a positive relationship between the age of onset of visual loss and the selected aspects of adjustment.

1. Degree of Visual Loss

The hypothesis of a positive relationship between the degree of visual loss and the following five aspects of adjustment was rejected:

(1) Employment history subsequent to rehabilitation.
(2) Earning power subsequent to rehabilitation.
(3) Present job satisfaction.
(4) Attitude toward rehabilitation.
(5) Need for further rehabilitation services.

The hypothesis of a positive relationship between the degree of visual loss and the following three aspects of adjustment (mobility, communication, and visual efficiency) must be considered in detail. The hypothesis is rejected for the following items under mobility:

Do you use a cane regularly or occasionally?
Do you use it to travel in familiar or unfamiliar places?

Do you use the sighted guide regularly or occasionally?

Do you use the sighted guide to travel in familiar or unfamiliar places?

The hypothesis is rejected for the following items under communication skills:

Do you use braille?

Do you use magazines?

Do you use phone directory?

Do you use books?

The hypothesis is rejected for the following items under visual efficiency:

Can you see where light comes from?

Can you recognize a friend from across the street?

Do you use vision in performing your work?

The hypothesis of a positive relationship between the degree of visual loss and the following items under the mobility, communication, and visual efficiency aspects of adjustment are accepted:

Mobility

1. Those blind rehabilitants who used a cane to travel with tended to have a greater visual loss than those who did not use a cane.

2. Those blind rehabilitants who used a sighted guide in their traveling tended to have a greater degree of visual loss than those who did not use a sighted guide.

Communication Skills

3. Those blind rehabilitants who read newspapers tend to have less visual loss than those who did not read newspapers.

4. Those blind rehabilitants who read large print tended to have less visual loss than those who did not read large print.

Visual Efficiency

5. Those blind rehabilitants who reported they had useful vision tended to have less visual loss than those who stated they did not have useful vision.

6. Those blind rehabilitants who could see moving objects tended to have less visual loss than those who reported they could not see moving objects.

7. Those blind rehabilitants who reported they use vision to travel or get about tended to have less visual loss.

2. Age of Onset of Visual Loss

The hypothesis of a relationship between the age of onset of visual loss and the eight aspects of adjustment was rejected for the following aspects of adjustment:

(1) Employment history subsequent to rehabilitation.
(2) Earning power subsequent to rehabilitation.
(3) Present job satisfaction.
(4) Attitude toward rehabilitation.
(5) Need for further rehabilitation services.
(6) Communication skills.
(7) Visual efficiency.

The hypothesis was accepted for one item in mobility. The item that was found significantly related to the age of onset was "the use of a cane to travel with." Those rehabilitants whose age of onset of visual loss occurred at a later age tended to use the cane more frequently in their travel.

D. Findings

The findings of this study are as follows:

1. The employment of the majority of these blind persons tended to be of a temporary nature.
2. The majority of these blind persons at the time of interview had job incomes of less than $11 per week.
3. Those blind persons who were employed at the time of interview tended to be satisfied with their present jobs.
4. The majority of these blind persons expressed a positive attitude toward their rehabilitation.
5. The majority of these blind persons at the time of interview desired and appeared to need further rehabilitation services.
6. The majority of these blind persons were able to travel independently.
7. The majority of these blind persons lacked necessary skills in communication.
8. There was a tendency for those blind persons who reported having light perception to utilize vision in their work and travel.
9. There was a tendency for those rehabilitants with a greater degree of visual loss or whose age of onset of visual loss occurred at a later age to make use of the cane in their travel.
10. There was a tendency for those rehabilitants with a greater degree of visual loss to make use of a sighted guide.
11. Rehabilitants with less severe visual loss tended to have better visual communication skills and visual efficiency.

E. Conclusions

A significant relationship between the age of onset of visual loss and the eight selected aspects of adjustment was rejected for all aspects of adjustment except for one item in mobility. The item found

significantly related to the age of onset was "the use of a cane in traveling."

A significant relationship between the degree of visual loss and the eight aspects of adjustment was rejected for all but the following items under the mobility, communication, and visual efficiency aspects of adjustment: the use of a cane or sighted guide was related to a greater degree of visual loss; and the use of newspapers and large print or a report of useful or travel vision was related to less visual loss for these blind rehabilitants.

F. Suggestions for Further Research

This study suggests the following areas in which further research might be profitable.

1. What is the extent of rehabilitation services based on age or degree of visual acuity, and the differences in depth of services as a result of these distinctions?
2. Are the factors related to the adjustment of the blind of a different nature than those factors related to other types of handicaps?
3. What differences exist in the status of blind persons where age of onset or degree of visual loss are not considered in planning their rehabilitation program?
4. What are the employment practices of employers toward blind persons with varying degrees of visual loss?
5. What factors were related to the unsuccessful rehabilitation of unemployed rehabilitants as reported in this study?
6. What is the subsequent vocational adjustment of blind persons who attend rehabilitation centers with programs planned without consideration of age of onset or degree of visual loss, as compared to those blind persons who attend centers with programs planned to meet the need of blind persons who differ in the age of onset and degree of visual loss.

APPENDICES

APPENDIX A

REHABILITATION STUDY--FORM I

State VR Agency ____________

Rehabilitation Study--Form I

1. Name: ________________________ Telephone: __________
   Address: ____
2. a. Previously rehabilitated (circle one): Yes No
   b. If yes, date of last rehabilitation closure: ______________
   ________________________, 19 ______________
3. Referral Source: ________________________________
4. Months on agency rolls:
   a. Referral to acceptance: Months ______________
   b. Acceptance to closure: Months ______________
      (1) To prepare for employment: Months ______________
      (2) From employment to closure: Months ______________
5. Age in years, at acceptance: ______________________
6. Dependents: Number at acceptance: ______________
7. Sex: ____
8. Race: ____
9. Education at acceptance: ______________ ______________
10. Primary source of support at acceptance: ______________
11. Public Assistance (Monthly amount, rounded to nearest dollar):

	At Acceptance	At Closure
a. In programs with Federal funds:	$________	$______
b. In other programs:	$________	$______

12. Work status (circle one in each column):

	At Acceptance	At Closure
Wage or salaried worker		
Competitive labor market	1	1
Sheltered workshop	2	2
Self-employed	3	3
B.E.P. (state-agency-managed business enterprise)	4	4
Homemaker (own home)	5	5
Unpaid family worker	6	6
Not working: student	7	7
other	8	8

13. Total earnings in the week before acceptance: $ ____________
(rounded to nearest dollar)

14. Cause of blindness and other disabling conditions:

a. Primary cause of blindness: ______________________________

b. Secondary disabling conditions (describe):

____

15. Visual acuity with best correction at closure:

O.D. ______________ O.S. ______________________

16. Age of onset of visual loss in years: ____________________

17. Mobility (circle one in each column):

	At Acceptance	At Closure
Housebound	1	1
Capable of activity outside home:		
With help of other person	2	2
Without help of other person	3	3

18. Job or occupation at closure: ______________________________

19. Earnings in week before closure (rounded to nearest dollar):

$ ______________________________

20. Placement Agency (circle one):

Return to or retained on same job	1
Located own job	2
Vocational rehabilitation agency	3
State Employment Service	4
Other	5

21. Case services provided:

A.	Diagnostic procedures	$ ____________
B.	Surgery and treatment	$ ____________
C.	Prosthetic appliances	$ ____________
D.	Hospitalization and convalescent care	$ ____________
E.	Training and training material	$ ____________
F.	Maintenance and transporations	$ ____________
G.	Tools, equipment, and licenses	$ ____________
H.	Other	$ ____________
	Total (A through H)	$ ____________

22. Date closed: ______________________________ 19 ________

APPENDIX B

LETTER SENT TO REHABILITANTS

(Sample of letter sent to the rehabilitants selected for the follow-up interview)

Division of Vocational Rehabilitation
Services for the Blind
State Office Building
Atlanta, Georgia

Dear

The Georgia Services for the Blind of the Division of Vocational Rehabilitation is assisting with a follow-up study of persons who have previously received rehabilitation services. The purpose of the study is to ascertain the strengths and weaknesses of these services to individuals such as yourself and to use the information in determining how the rehabilitation program can be improved.

You are one of a number of persons whom we have selected to talk with about the values of these services. I will contact you in the near future to discuss this matter. We hope very much that it will be convenient for you to meet with me and to discuss certain aspects of your rehabilitation program.

Very truly yours,

James W. Mann
Project Director

APPENDIX C

TELEPHONE CALL TO REHABILITANTS

(Sample of the telephone call made to the rehabilitants selected for the follow-up interview.)

I am James Mann, director of the follow-up study of persons who have received rehabilitation services through the Florida Council for the Blind. Recently a letter from the State Office of the Florida Council for the Blind was mailed to you requesting your assistance in the study.

It so happens that you are one of the selected group chosen for a personal interview. I am calling to see when it would be convenient to see you and to discuss briefly your experiences with the Florida Council for the Blind. (If the person is negative in his response, continue.)

We would sincerely appreciate your help and believe that your opinions will be of much value in improving the rehabilitation programs.

When would it be convenient for you to have me call upon you?

APPENDIX D

INTERVIEW GUIDE WITH REHABILITANTS WHO HAVE BEEN CONTACTED BY TELEPHONE

(Sample of the follow-up interview with rehabilitants who have been contacted by telephone.)

I am James Mann, director of the follow-up study of persons who have previously received rehabilitation services through the Florida Council for the Blind. I called you the other day regarding a personal interview in connection with a study we are making with the Council for the Blind in Florida.

Since you were served by the Florida Council for the Blind, you can be of much help by giving your frank views, attitudes, and opinions as you answer the following questions. The answers you give to these questions will be of much value in improving the rehabilitation services. All information which you provide will be held in the strictest confidence and will not be disclosed to others for any purpose.

APPENDIX E

INTERVIEW GUIDE WITH REHABILITANTS WHO WERE NOT CONTACTED BY TELEPHONE

(Sample of the follow-up interview with rehabilitants who were not contacted by telephone.)

I am James Mann, director of the follow-up study of persons who have previously received rehabilitation services through the Florida Council for the Blind. Recently a letter from the State Office of the Florida Council for the Blind was mailed to you requesting your assistance in this study. It so happens that you are one of the selected group chosen for a personal interview.

Since you were served by the Florida Council for the Blind, you can be of much help by giving your frank views, attitudes, and opinions as you answer the following questions. The answers you give to these questions will be of much value in improving the rehabilitation services. All information which you provide will be held in the strictest confidence and will not be disclosed to others for any purpose.

APPENDIX F

REHABILITATION STUDY--FORM II

State VR Agency: __________

Rehabilitation Study Form II

I. General Information

A. Name: ______________________________

B. Address: ______________________________

C. Date of interview: ______________________________

D. What is your present job title: ______________________________

E. Have you received any rehabilitation services since July, 1963?

Yes ________ No ________

If yes, what? ______________________________

F. Employment status

1. unemployed ____________
2. part-time ____________
3. full-time ____________
4. looking for work ____________
5. unable to work ____________
6. housewife ____________

G. When was the age of onset of your visual disability?

____

H. Additional comments: ______________________________

____

____

II. Mobility

A. Do you use a guide dog? Yes ______ No ______

B. Do you use a cane to travel with? Yes____ No ________

If yes: (1) Do you use the cane regularly or occasionally?

Regularly ____________________

Occasionally____________________

(2) Do you use it to travel in familiar or unfamiliar places?

Familiar places only__________

Unfamiliar places only________

Both _________________________

C. Do you use a sighted guide to travel?

Yes _____ No ________

If yes: (1) Do you use the sighted guide regularly or occasionally?

Regularly ____________________

Occasionally____________________

(2) Do you use the sighted guide to travel in familiar or unfamiliar places?

Familiar ______________________

Unfamiliar ____________________

Both _________________________

D. Additional comments: ____

____

____

III. Communication

A. Do you use braille? Yes ______ No ____________

B. Do you use a talking book? Yes _______ No ________

C. Do you read the following materials with or without glasses?

Yes	No	
_______	________	Newspapers
_______	________	Magazines
_______	________	Phone directory

Yes	No	
______	______	Books
______	______	Large print

D. Additional comments: ____________________

____

____

IV. Vision

A. Do you have any useful sight now? Yes ______ No ______

B. Can you see when a light is on? Yes ______ No ______

C. Can you see moving objects like cars? Yes ______ No ______

D. Can you recognize a friend across the street?

Yes ______ No ______

E. Do you use vision in performing your job?

Yes ______ No ______

F. Has your vision changed since completing rehabilitation services?

Yes ______ No ______

If yes, how? ____________________

G. Additional comments: ____________________

____

____

V. Job History since Rehabilitation

A. Have you worked full-time since your rehabilitation?

Yes ______ No ______

B. How many full-time jobs have you held since your rehabilitation?

____

C. How many part-time jobs have you held since your rehabilitation? ____________________

D. Additional comments: ____________________

____

____

VI. Present Job (for employed rehabilitants only)

A. On your present job, do you like the kind of work?

Yes ________ No ________

B. Have you thought of changing to a different job or would you like to change?

Yes ________ No ________

C. Do you feel your present job holds a good future?

Yes ________ No ________

D. Do you think you will be satisfied with your work five years from now?

Yes ________ No ________

E. Are you as happy with your work as other people?

Yes ________ No ________

F. Are you satisfied with your present job?

Yes ________ No ________

G. Do you have any particular problem with your work?

Yes ________ No ________

H. What is your monthly cash income from your job?

____

I. Additional comments: ____

____

____

VII. Rehabilitation Services

A. Did you receive all the services necessary for your rehabilitation?

Yes ________ No ________

B. Do you feel that rehabilitation helped you in every way possible?

Yes ________ No ________

C. Would you hesitate to refer any client to rehabilitation?

Yes ________ No ________

D. Describe your counselor:

1. very helpful ____________
2. helpful ____________
3. neutral ____________
4. rather helpful ____________
5. unhelpful ____________

E. Can you think of anything the counselor could or should have done that he did not do?

Yes ________ No ________

If yes, what? ____

F. How do you feel about the rehabilitation program?

____

____

____

F. Do you have any recommendations for improving the rehabilitation program?

Yes ________ No ________

If yes, what? ____

____

____

H. Additional comments: ____

____

____

VIII. Do you need further rehabilitation services?

Yes ________ No ________

If yes, explain: ____

____

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